## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#761939** 

FILED Jan 27, 2006 Secretary of State

Entity Name: COUNTRY LAKES I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O ASSOCIATION DATA MANAGEMENT, INC. 1351 BLUFFS CIRCLE DUNEDIN, FL 34698 **New Mailing Address: Current Mailing Address:** C/O ASSOCIATION DATA MANAGEMENT, INC. P.O. BOX 2007 DUNEDIN, FL 34698 FEI Number: 59-2390321 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NASSER, WILLIAM J 1351 BLÚFFS CIRCLE DUNEDIN, FL 33770 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete RAPAPORT', ÉLLEN GREGORIE, SUSAN Name: Name: 270 PROMENADE DR. #102 Address: 240 PROMENADE DR. #204 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: ( ) Delete Title: () Change () Addition SPELLMAN, RAE Name: Name: Address: 270 POMENADE DR., #203 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GRIFKA, DOROTHY GRASSO, STEVE Name: Name: 330 PROMENADE DR # 107 300 PROMENADE DR # 204 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: VD () Delete Title: (X) Change ( ) Addition Name: MASSEY, ANITA Name: REBECK, CATHY 300 PROMENADE DR 204 240 PROMENADE DR 201 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: ( ) Change (X) Addition HANDEE, KRIS Name: Name: 1534 DINNERBELL LANE Address: Address: DUNEDIN, FL 34698 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GRASSO P 01/27/2006